

CLAIMS ONLY							Application Number <div style="font-family: cursive; font-size: 1.2em;">10-749111</div>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2								
Total Depend	18								
Total Claims	20								